

Calendar year filers enter 01-01-2004 and 12-31-2004 below. Fiscal year filers enter appropriate dates.

Tax year beginning (month–day–year) ►

Tax year ending (month–day–year) ►

Form 2G Grantor's/Owner's Share of a Grantor-Type Trust

2004

NAME OF GRANTOR/BENEFICIARY

LEGAL DOMICILE

MAILING ADDRESS OF GRANTOR/BENEFICIARY

CITY/TOWN/POST OFFICE

STATE ZIP + 4

NAME OF FIDUCIARY

TITLE OF FIDUCIARY

NAME OF ENTITY

C/O

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

STATE ZIP + 4

Ovals must be filled in completely. Example:

Fill in applicable ovals: ► ☐ Grantor-type trust ► ☐ Pooled income fund ► ☐ Charitable remainder annuity trust

- ▶ Charitable remainder unitrust

☐ Other.

☐ Fill in if using whole-dollar method

▼ If showing a loss, mark an X in box at left

Line	Description	Amount	Form
1	Dividends	1	1041
2	Interest from corporate bonds or notes	2	1099
3	Non-Massachusetts state and municipal bond interest	3	1099
4	Other interest income (including Massachusetts bank interest-see line 15)	4	1099
5	Interest from U.S. obligations	5	1099
6	Short-term capital gains	6	1099
7	Short-term capital losses	7	1099
8	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	8	1099
9	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	9	1099
10	Long-term capital gains or losses	10	1099
11	Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included in line 10)	11	1099
12	Long-term gains on collectibles and pre-1996 installment sales	12	1099

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of fiduciary

Date _____

Print paid preparer's name

Preparer's SSN
or PTIN

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Title

Paid preparer's phone
()

Paid preparer's
EIN[illegible]

Paid preparer's signature

Date _____

☐ Fill in if self-employed



NAME OF GRANTOR/BENEFICIARY

GRANTOR/OWNER'S IDENTIFICATION NUMBER

13 Short-term capital gain or loss differences. Enclose statement ▶ 13**14** Long-term capital gain or loss differences. Enclose statement ▶ 14**15** Massachusetts bank interest ▶ 15**16** Net rental and royalty income or loss ▶ 16**17** Business/profession or farm income or loss ▶ 17**18** Partnership or S corporation income or loss ▶ 18**19** Other income. Enclose statement ▶ 19**20** Short-term carryover losses ▶ 20**21** Other adjustments. Enclose statement ▶ 21**22** Massachusetts income tax paid by trustee. Grantor or beneficiary enter this amount on Form 1, line 35 or Form 1-NR/PY, line 40. Also, enter the entity's identification number to the left of line 35 or 40. ▶ 22